Soccer 4 Tots Registration Form

Name of participant: ______________________ **Surname:** ______________________ **Date Of Birth:** ____/____/________

Address: ____ **Post Code** ________________

Contact Home: ___________________________ **Mobile:** ________________________________

Email: ____

Location: **Little Village Early Learning Centre** **DAY:** **TUESDAY** **(Please Circle)**

Age Group: 3 – 5 years **Session Time:** **9.15am – 10.00am**

Parents/Guardians Name: ___________________________ **Emergency Contact No.** ____________________________

Name and Address of Family Doctor (if applicable): ____

Medicare No: ______________________________________

Private Health Care Details (if applicable): ____

Health Care Card No: __________________________________

Ambulance Cover: **Yes** **No** **Number:** ______________________________________

Does your child suffer from any of the following:

◯ **Epilepsy** ◯ **Heart Conditions** ◯ **Asthma** ◯ **Diabetes** ◯ **Blackouts** ◯ **Migraines** ◯ **Other**

____

Allergies to: Penicillin ______________________________ **Other Medication** ______________________________

What special care is recommended:

____

Is your child on any form of ongoing medication, if so please state:

PAYMENT OPTIONS: **When making PAYMENT ELECTRONICALLY please use PLAYERS SURNAME AND FIRST INITIAL as the PAYMENT REFERENCE.**

Electronic Funds Transfer Details:

Bank	-	**Commonwealth**
Acc Name	-	**One Goal Futbol**
BSB	-	**062-601**
Acc Number	-	**1043 2390**

WAIVER: The undersigned in their capacity as parent/guardian of ____________________________________(insert participants name) acknowledges that they have read and understood the Terms & Conditions stated by Soccer 4 Tots that this project is organized and managed by Soccer 4 Tots Staff, and hereby waives any claim against Soccer 4 Tots, and their affiliated companies in connection with the Soccer 4 Tots project he is being enrolled to.

CONSENT TO MEDICAL ATTENTION: Where the Coach or Club Management is unable to contact me, or it is impracticable to contact me, I hereby give permission to the Coach or Club Management to seek treatment for my child at a hospital, or to call a Doctor and/or ambulance and/or dentist during an emergency and agree to pay all relevant costs involved.

Name of Parent/Guardian ____

Signature ____ **Date** ___________________________________

SOCCER 4 TOTS